

Acute day units in non-residential settings for people in mental health crisis: the AD-CARE mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Plain English summary

AD-CARE mixed-methods study

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Plain English summary

Non-residential support for people in mental health crisis is typically provided by NHS crisis resolution teams, which provide care to people in their own homes. Acute day units offer an alternative whereby people attend a unit during the day to receive care. Acute day units offer opportunities for peer support from other people attending the unit, and more contact time with staff during the day than crisis resolution teams are able to offer. Although there are crisis resolution teams in every trust in England, the provision of acute day units is much more patchy.

The aim of the research was to find out how effective acute day units were, how they were experienced by service users and staff, and whether or not acute day unit use had an impact on being admitted again to acute care in the following 6 months. This was done by using surveys, detailed interviews conducted by researchers with lived experience of mental health difficulties, and an existing national data set.

We found that a large part of the population in England are not able to access acute day unit support as very few units are in operation. In comparison with those who used crisis resolution teams, those who used acute day units were more likely to have a diagnosis of a severe mental illness, to be unemployed and to have been admitted previously to an inpatient ward. Despite this, there was little difference in the number using acute care services; across our work we found that around 20% of people were admitted again during a 6-month period. We found that both staff and service users really valued acute day units; in particular the same staff being there each day, and spending more time with service users than in other types of acute care, the safe environment, peer support, and structured and meaningful activities were experienced as beneficial.

Acute day units are well liked by acute day unit staff and service users who attend. They support mental health recovery with improved outcomes, including in well-being and depression. Compared with crisis resolution teams, we did not see differences in costs or re-admission rates, and we conclude that the acute day unit model is an important part of the acute care pathway. Our evidence shows that increasing the availability of this model merits consideration.

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